

**EXHIBIT 1630-1**

**ATTENDANT CARE GUIDELINES**

**EXHIBIT 1630-1**  
**ATTENDANT CARE GUIDELINES**

In developing and/or implementing an Attendant Care assessment tool or process, the following guidelines should be used:

1. The process must assess the member's total need for care.
2. The assessment must be done with direct involvement of the member and/or representative.
3. There must be a discussion about what care is needed, the average amount of time needed to complete that care and the availability of informal caregivers to assist with that care. Consideration must be given to the stressors the informal caregivers are under in providing care and how the provision of ALTCS services to relieve them may increase their ability to continue with that care.
4. The assessment must allow for individual member needs. Pre-determined/maximum time limits or task frequencies (for example, maximum of ten minutes for eating or no more than 1x/week for laundry) cannot be established. Guides may be used as a starting point, but the case manager must have the freedom to vary from those with adequate justification.
5. The assessment must address the member's need for general supervision as well as specific tasks. If the member is not safe to be alone, this must be considered. For example, if the member needs around the clock care due to dementia, and has a history of unsafe behaviors, but the family is unavailable to provide this care 7 AM to 6 PM (11 hours) Monday through Friday, then the attendant care need in this case begins at 55 hours/week.
6. There can be no differentiation or discrimination in the types of frequencies of service authorized simply because the member's caregiver will be a family member or other live-in person.
7. There must be adequate case file documentation to support the assessment and hours authorized.
8. After the member's needs are assessed, the CES must be calculated to determine what can be provided within the ALTCS cost effectiveness standards. Services whose cost is at or below 100% of the cost of institutionalization or those that are expected to be at this level within 6 months may be authorized.

These same guidelines, with the exception of #5, may be used in assessing a member's need for personal care and homemaking services.